

## CALIFORNIA LIQUID WASTE HAULER RECORD

015-7130

STATE DEPAR	IMENT OF HEALTH
PRODUCER OF WASTE-(Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler)  SFUND RECORDS CTR
	ASBURY OIL CO. 999000532
Name (PRINT OR TYPE)	13419 Halldale Ave., Gardena, California 90249
Pick up Address: SIST STREET	Phone: (213) 321-1392
Telephone Number: ()P.O. or Contract No.:	Pick Up: //Time:(pin
Order Placed By:	State Liquid Waste Hauler's Registration No. (if applicable): 15
	Job No.:No_of Loads or Trips: Unit No.
which Produced Wastes: Example: mile plating entirement cleaning did drilling.	
(Examples: meal plating, equipment cleaning, dil drilling wastewater treatment, pickling bath, petroleum/refining)	Vehicle: Xvacuum truck
DESCRIPTION OF WASTE (Must be filled by producer)	The described waste was hauled by me to the disposal facility named below and was accepted
Check type of wastes:	I certify (or declare) under penalty of perjury
1	that the foregoing is true and correct
2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste	SIGNATURE OF AUTHORIZED AGENT AND TITLE
3. Pesticides 8. Tank bottom sediment 13. Latex waste	DISPOSER OF WASTE (Must be filled by disposer)
4. [] Paint sludge 9. [] Óil 14. Mud and water	Name (print or type):
5. 🗌 Solvent 10. 🗆 Drilling mud 15. 🗀 Brine	Name (print or type):  2425 So. Garfield Ave.
Other (Specify)	The hauler above delivered the described waste to the days affacility and it was an acceptable
Components.	
(Examples, Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm	<u> </u>
organics (list), cyanide)	Quantity measured at site (if applicable):State fee (if any):
	Handling Method(s):
	☐ recovery
	treatment (specify):
3	(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.  ☐ disposal (specify): ☐ pond ☐ spreading ☐ andfill ☐ injection well
4	[] other (specify):
5.	If waste is held for disposal elsewhere specify final location:
6	
<u>V</u>	Disposal Date:
Hazardous Properties of Waste:  pH	It certify (or declare) under penalty of perjury that the foregoing is true and correct.
	MONATURE OF AUTHORIZED AGENT AND TITE
Bulk Volume:   gai   tons   tarrels   other   specify	The site operator shall submit a legible copy of each completed Record to the State Department Health with monthly fee reports
Containers	
l	
Physical State. Solid Sliquid Studge Sother   SPECIFY	
Special Handling Instructions (if any):	
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler	(if
applicable) 1 certify (or declare) under penalty of perjury	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
that the foregoing is true and correct.	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.
1.16 30 40 60	
SIGNATURE OF APTIGRIZED AGENT AND TITLE	D.O.T. Proper Shipping Name
	BILLING COPY